

STATE OF IDAHO BUREAU OF LABORATORIES  
QuantIFERON®-TB Gold Request Form

Patient Name (Last, First Middle) \_\_\_\_\_

Patient Identification Number \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of birth

☐ Male ☐ Female



Clinical Information:

- ☐ Refugee  
☐ Contact to TB case  
☐ LTBI diagnosis  
☐ TB diagnosis  
☐ Other \_\_\_\_\_

**SAMPLE COLLECTION:** NIL, TB ANTIGEN, and MITOGEN tubes

**SAMPLE HANDLING:** Shake *vigorously* for 5 seconds, DO NOT REFRIGERATE,  
*incubate* 37°C for 16-24 hours *within 16 hours of collection*.

**AFTER INCUBATION,** hold tubes at room temperature or refrigerated.  
Ship to arrive at lab within three days after incubation.

Collection date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Time \_\_\_\_\_AM/PM Collected by \_\_\_\_\_

**FOR LABORATORY USE ONLY**

**Results:**

☐ Negative: TB antigen \_\_\_\_\_IU/ml

☐ Positive: TB antigen \_\_\_\_\_IU/ml

☐ Indeterminate

**Interpretation:**

☐ (< 0.35 IU) *M. tuberculosis* infection unlikely but cannot be excluded. Does not rule out active disease, especially if consistent clinical illness is present.

☐ (≥ 0.35 IU) *M. tuberculosis* infection likely. Does not distinguish between latent infection and active disease.

☐ QFT-G results cannot be interpreted as a result of low mitogen response.

☐ QFT-G results cannot be interpreted as a result of high background response. Recommend repeat testing on a new specimen.

**Send report to:**

Facility \_\_\_\_\_  
Attention \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

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